THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LI. WEDNESDAY, NOVEMBER 15, 1854. No. 16.

A DISCOVERY OF THE MEANS OF DETERMINING THE COMPARATIVE LENGTH OR DURATION OF HUMAN LIFE, AND OTHER IMPORTANT PHYSIOLOGICAL FACTS.

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[Communicated for the Boston Medical and Surgical Journal.]

MR. COX, of Edinburgh, "suggests," says Mr. Combe (System of Phrenology), "that the size of the convolutions lying at the base of the brain may be estimated by their projection below a plane passing through the superciliary ridges and the occipital spine, and by observing the distance at which the opening of the ear, the mastoid process and other points of the base of the skull lie below that plane." With reference to this subject, Mr. Combe says "that individuals in whom the opening of the ear stands nearly on a level with the eye, are in general little prone to violence of temper."

This appears to be the sum and substance of the inference that has hitherto been drawn from the application of this plane; and it matters nothing whether it be true or false, so far as regards the law which I am about to deduce from it. As a question of fact, however, I will state that Mr. Combe's conclusion has not been sustained by my observations. He does not teach that those whose ear stands "nearly on a level with the eye, are" uniformly, but only "in general little prone to violence of temper." I do not admit a law or rule to have exceptions, and I will contend for none in the result which I have discovered the application of this plane to reveal.

In the spring of 1835, a case occurred in the Charity Hospital of New Orleans, which caused me to suspect that the function of the cerebellum was not exclusively the amatory propensity, and hence my attention was, in an especial manner, directed to its further investigation. In less than a year I discovered that the functions of sensation and motion also depended upon it. Indeed, I refer to it all of the animo-vital functions, except the respiratory.—*For further information on this subject, see Eclectic Practice, 1st Book, by Powell and Newton.* Henceforward I treated of the functions of the cerebellum under the cognomen of the animal forces. During the same time, or nearly so, I became convinced that the anterior inferior portions of the middle lobes of the cerebrum

presided over the organic or automatic functions, and I denominated them the vegetative forces; and the two classes together, I called the vital forces. I do not name these circumstances as matter of instruction, but for the purpose of making myself clearly understood in what I am about to teach.

Although, in the course of my physiological investigations, I discovered many important facts and principles in physiology and pathology, which may be found in the medical practice before cited, yet a leading object, the discovery of a certain indication of human longevity, was not attained before February last. I did not doubt that life, whether long or short, depended upon the vital forces, but the question was, what is the manner of their development in either case? This is my discovery, and it is so simple that no one need to make a mistake. But when the discovery was made, I found that I had previously discovered all of those relations, without a knowledge of which it would have been of but little value.

Extend a line, as suggested by Mr. Cox, from the external occipital protuberance to the most prominent part of the external orbitar process of the os frontis, and the extent of the space that is found to obtain between the line and the meatus auditorius externus, will accurately indicate the comparative duration of life. From observation I would name an inch, at the meridian of life, to indicate an existence of 80, 90 or a 100 years, depending upon the density of the organization. The average, to the best of my observation, is about half an inch, which may be regarded as corresponding pretty accurately with the known average of human life, in this country, after deducting the mortality occasioned by mechanical and chemical causes. Under the latter I include medical mal-practice.

The first head I measured with a view to this discovery, was that of an old man who died of phthisis, and the space between the line and the meatus was but the sixteenth of an inch. The next one I selected was that of a man who had been executed, and the space was one inch and an eighth. In this way I ran through my cabinet of crania, consisting of several hundred, and found nothing but confirmation of the principle here set forth. I then commenced testing the law in society, and some of those who possessed a space of only a fourth of an inch have since died. In fine, I have discovered no exception to the rule.

From what has been stated, it follows that a descending development of the cerebellum and of the middle lobes of the cerebrum secures a corresponding duration of life—power to resist the usual causes of disease, and when assailed, to re-act and recover. We can now understand what is really meant by the common phrase a good constitution, such as we have illustrated by our octogenarians, who may be of a full habit and in their usual enjoyment of the good things of the world, or they may be lean and shrivelled and satisfied with a crust of bread and a glass of water. I desire that it shall not be supposed that I assign both vigor and tenacity to the same cerebral convolutions; on the contrary, I regard the two functions as being independent of each other, and as depending upon separate convolutions, that of tenacity being the inferior.

When we contemplate the fact that the members, generally, of some

families, for a succession of generations, live to an advanced age, while those of others as generally die about 50, we must conclude that the length of life is determined by a special organization—as much so as a talent for music or painting. Physiologists have hitherto disposed of this subject by the simple statement that longevity is hereditary. In physiology this word has been, and still is, used as a cloak to cover an immense amount of ignorance. Many of those who attain a remarkable longevity never have the appearance of strength, and very rarely of good health; whilst many of those who die young appeared to have possessed every advantage.

The discovery of this organization explains why some forms of disease are almost, if not entirely, incurable—phthisis, for example, which absolutely originates in a superficial, if not, in all respects, a feeble endowment of the vital forces. In the work before cited, I have explained the folly of contending that phthisis or any other form of disease is hereditary—transmitted in some mysterious way through the blood.—(Simons.) All forms of disease, like our talents and dispositions, are provided for by a special organization. This conclusion I hold to be demonstrable. And all forms of disease are as certainly fatal when the vital forces have become exhausted.

I have been frequently asked—do the vital forces decrease in old age? I answer affirmatively, more especially the animal; and I know of but one that does not, and it is the respiratory. During many years, I was unable to assign any reason why consumptives, the phthisically constituted and old people, should have the medulla oblongata larger than is common to other people. The fact, to the extent of my reading, has not been noticed by any one else. As the forces auxiliary to respiration decline, that upon which it directly depends increases. I refer the inquisitive to the foramen magnum of the crania of those above designated.

The revelation made by the indicated measurement is not only useful, but highly interesting; but the whole beauty and importance of the discovery is not yet told. It involves conditions which are indispensable to be known by those who would wisely direct hygiene or administer for the removal of disease. Are physiologists able to give a lucid and demonstrable reason why the same topographical position gives health to one man and intermittent fever to a second, or health to the latter and remittent fever to the former? Why the same exciting cause developes phthisis in one, chronic rheumatism in a second, and the acute in a third? Why one man dies of active apoplexy, another of the passive, and a third endures through a long life, though the subject of epilepsy? The legitimate answer is, comparatively, that they cannot; for if they could, they would be able to distinguish the subjects, respectively, at sight; and yet this certainly very desirable knowledge can be had through an acquaintance with the development and dynamics of the vital forces.

Dr. Marshall Hall, in his Zoonomia, divides mankind into two classes—those of high and those of low stimulus; or which he holds to be equivalent, low and high dynamis. The former comprises those who require a large supply of the vital stimuli, and the latter those who, like cold-blooded animals, require, comparatively, but little. Dr. Johnson

and Gen. Scott may illustrate the first class, and Lord Brougham and Gen. Jackson the second.

Now, it is true that a majority of both of these classes die before reaching their maturity, and it is equally true that many of both of them live 80 or more years. Is it proper to regard a person as possessing a highly dynamic organization, who cannot live to maturity? I daily see persons who are of low stimulus, and yet give no evidence of having anything above a low dynamis—such as must be attended by an early death. Dr. Marshall Hall had no means of distinguishing those who must necessarily die early in life, from those who, without chemical or mechanical violence, must as necessarily live four score years. I do not therefore hold that those who are of low stimulus, are, as a consequence, of high dynamis. Both, indeed, according to my understanding of the terms, may be either high or low in both classes of persons. The man of high stimulus, who lives 80 years, furnishes proof of having possessed an organization of high dynamic ability.

Before I made this discovery I distinguished the two classes by the terms high and low, or strong and feeble vital force. But now I know these terms to be as faulty or exceptionable as Dr. Hall's high and low dynamis. Even during the time I used them, I was frequently perplexed by the discovery that many of those who were apparently of high vital force died before the meridian of life, while as many of those who possessed apparently, indeed, in reality, a low or feeble vital force—feeble in all their appearances—lived to be old. I had not discovered that those vital powers which produce vigorous manifestations of life, did not occasion tenacity of life. Vital tenacity, so far as regards our conceptions of life, differs widely from vital force or vigor. A toad or snake may be completely frozen for any length of time, and then be re-animated by the vital stimulus of heat. We may take this as an illustration of vital tenacity. The use which Marshall Hall makes of the word, proves that he possessed no clear conception of the subject. I confess that I did not, previous to the present discovery. I adopt his terms of high and low stimulus, because they clearly designate two distinct classes of men, without qualification; and discard his low and high dynamis, as being their equivalents, and also my own terms of high and low vital force, because they do embrace the idea of vital tenacity, which may or may not be associated with both high and low stimulus, or high and low vital force.

Now to the point. What is the difference between those, organically, who possess exclusively and respectively vigorous life, and tenacious life—the former being of high stimulus and the latter of low? The former has the cerebellum and the middle lobes of the cerebrum broadly, while the latter has them deeply developed. Their breadth is obvious at sight, and their depth can easily be ascertained by the application of a line or thread, as before taught, but this is not necessary to the practised eye. Those of high stimulus possess a full habit of body, and usually look remarkably healthy; while those of low stimulus are lean and slender, with other indications of possessing less life. As before remarked, the above-named cerebral parts may be developed both broadly and

deeply, indicating both vigor and tenacity of life; or they may be constructed both narrowly and superficially, indicating neither vigor nor tenacity of life.

I have before remarked that phthisis originates in a feeble condition of the vital forces; hence its invasion is sometimes procrastinated until these forces are exhausted by age. The crania of old people who died of phthisis, exhibit a less depth of development of the vital organs, than do the crania of those who died during early manhood of the same malady; and amongst these I have not found one in whom the space between the line and meatus exceeded the fourth of an inch. This statement is applicable to the crania of all persons who die of chronic forms of disease. And as strange as it may at first appear, the same remark applies to the crania of suicides. The fourth of an inch is the largest space found in my suicidal crania—in one, who was a large man and of high stimulus, it is only the sixteenth of an inch. It would seem, therefore, that suicide is but a result of a chronic wasting or absorption of the organs of the vital powers—rendering them too feeble to make life desirable under a morbid action of the superior faculties. It is not to be inferred, from these remarks, that any organization from such a remote cause might become suicidal. For such an event there must be other particular organic endowments.

As a general fact, the animal forces are stronger in man than the vegetative, while the contrary is true of women. But those in whom the two classes of powers are thoroughly developed and well balanced, are the most qualified to endure fatigue, loss of rest and heavy responsibilities. As illustrations of this organic condition, I may name Gen. Washington, Gen. Scott and Napoleon. An inspection of the portraits and busts of these individuals can scarcely leave room for a doubt as to the truth of these remarks.

I am acquainted with several octogenarians whose vital depth is three fourths of an inch; but I have not had observation enough to enable me to say how much it must decrease before dissolution can take place. I have the crania of no very old men that give a higher measure than the fourth of an inch. These facts, though too few to justify an inference, would seem to authorize the conclusion that octogenarians, with three fourths of an inch, may attain 100 years.

I have, before closing, a few remarks of a practical character to make.

We can always judge of the present capacity for vigor and tenacity of life, but we cannot, with certainty, say what it will be a year hence. We may decide, with considerable probability, by knowing the habits of the individual. Allow me to illustrate the idea I desire to convey. A young merchant to-day gives a depth of vital organization of half an inch. The inference is, if he be of high stimulus, that he is not exempt from a liability to be taken off at any moment by an acute form of disease; and if of low stimulus, his health may be invaded by some chronic form of disease that will abridge his usefulness and his life. But early in the course of his business, and very unexpectedly, his responsibilities become such as to demand of, and force him to extraordinary exertions. Under such circumstances, the organs of his vital forces acquire a depth

of five or six eighths of an inch, in twelve or eighteen months, and thus an organization which was only calculated to sustain a brief existence, is now becoming adapted to a greatly-lengthened one.

This is not speculation—I have a proof of its truth in my own case. In the spring of 1835, I visited New Orleans, and in two or three months I had a cast taken of my head. I was then 36 years old. It shows the depth of the vital organs to have been three fourths of an inch. At this time it is one inch, with a corresponding increase laterally, and probably has been something greater than it now is. Upon going to the South, the usual tenor of my course was completely changed and augmented. I have another case in which there has been a very obvious increase in eight months; and if a change of stimuli and the practice of extraordinary exertions can effect such a change, then in this case it might have been anticipated.

It is well known that action occasions waste which must be replaced or repaired, and thus both classes of the vital forces are brought into action; but, for action to be attended with such a change, it must be under the influence of mental excitement. A man may plough or build stone walls all his time, and not occasion as much action—as much waste—as an ambitious man will, under a heavy responsibility, in an hour. Furthermore, I doubt whether muscular labor, in which but little thought or feeling is involved, can do much more than increase the vital strength or vigor. For the increase of vital tenacity there must be strong emotion—mental struggle—a feeling of necessity for unusual effort.

From this exposition it follows that a young man of feeble vital tenacity, with a fortune, will not, very probably, live long to enjoy it; but if poor and ambitious, he may live to make one.

Finally. Necessity is indispensable to the retention or the development of vital tenacity. Children, therefore, whose parents are too poor to find time to anticipate all their wants or to hire some one to do it for them, are highly favored when compared with those of the wealthy. When vital tenacity is inherited, indolence will reduce it; hence action and responsibility are indispensable to great longevity.

Covington, Ky., November, 1854.

SANGUINEOUS TUMOR OF THE LABIA.

[Communicated for the Boston Medical and Surgical Journal.]

Believing it the duty of medical men to report unfavorable as well as favorable results, the following notes of a rare case that recently came under my observation are forwarded for publication in the Journal.

On Monday, October 15, at 4 o'clock, A.M., I was called to see Mrs. A., in labor with her tenth child, having had three abortions since the birth of the youngest, now 7 years old. Patient 48 years of age, bilious temperament and generally healthy. Not so well through this pregnancy as usual, having suffered considerably from varicose veins and œdema of the legs. Said she usually had "quick times and got along without a doctor." "Waters broke last Wednesday, since which she

had been sick, but kept about." Severe labor pains came on last night at dark. I found her lying on her back, unable to move, having frequent insufficient pains, and greatly prostrated; cold skin, no pulse at the wrist, and but very feeble pulsations at the carotids. Said that she flowed a good deal last night; that "something dead was half born in the night, which stopped the flow, and which she thought ought to be removed." Upon examination I found the left labium enormously distended, forming a roundish tumor much larger than a child's head, at least six inches in diameter, of a somewhat hard and mottled appearance, and insensible to the touch. The labium was everted, so that the tumor appeared to be covered externally by mucous membrane. On pressing it aside an examination was made, and the child's head found presenting, but kept back by the tumor, which extended considerably within the pelvis. Dr. I. I. Smith, of Chepachet, was immediately called in consultation. Seeing the patient's strength rapidly failing, the pains growing less efficient, and no signs of life in the child, we concluded to open the head and deliver at once. Pressing the tumor as much to one side as I could, Dr. S. proceeded to operate. The head was cautiously and with difficulty opened, and the child (very large, weighing 12 pounds) soon taken away. During the passage of the child's hips through the os externum, the head and shoulders having previously passed through, the tumor burst, leaving a rent two inches long on its internal surface, and discharging at least sixty ounces of dark fluid blood. The placenta was immediately removed, the uterus contracted well with but little hemorrhage, and there was but little bleeding from the tumor after it burst. Perfect rest was enjoined and stimulants given freely. Delivery was effected at 6 o'clock, two hours after I first saw the patient. She complained of but little pain, saying she felt "numb." Under the free use of brandy and ammonia, slight re-action came on in the afternoon and evening, but mortification speedily ensued, and the patient died the third day after delivery.

Queries.—What vessel was the origin of this vast amount of extravasated blood? How frequently does this accident occur? What is the most successful course of treatment?

S. O. Griffin, M.D.

Pascoag, R. I., Nov. 4, 1854.

PERFORATION OF THE STOMACH—AUTOPSY.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—I transmit the following report of a case, hoping you may find it of sufficient interest for insertion in your valuable Journal.

Martin McPherson, of Levant, aged 46, had suffered from pains in the stomach and indigestion, for several years, but had been able to pursue his ordinary occupation, until the afternoon of Sept. 28th, when, after taking a hearty meal, he was suddenly attacked with pain in the abdomen, which continued to increase until 10 o'clock in the evening. I was then called to visit him. I found him suffering severely, with pain

throughout the entire abdomen, which was hard and tender on pressure. There was occasionally nausea and vomiting. Pulse 126. No stools since the attack, although a cathartic had been administered.

Sinapisms were applied to the abdomen, and these afterwards replaced by blisters; and as everything taken into the stomach caused an increase of pain and vomiting, large doses of morphia, combined with calomel, were given, until the vomiting had subsided and the pain diminished; after which he slept some during the night. Next morning a cathartic was administered, aided by enemata, which were repeated in large quantities. Some fecal matter was discharged with the enemata, but no evidence of anything taken by the mouth throughout the case.

The pain, nausea and occasional vomiting returned, and continued with increased violence, until Oct. 1st, when he expired. Neither bleeding, blisters, nor, in fact, any other remedies, except opiates, had any effect in relieving his extreme suffering.

Autopsy, twenty hours after death.—On opening the abdomen, there was found, in its cavity, about three pints of a yellowish turbid fluid, similar to what had been vomited. The peritoneum showed signs of inflammation, throughout its entire extent. On examining the stomach, there was found to have been ulceration of its mucous surface, which appeared to have been of a chronic nature, extending from about the middle of the greater curvature of the stomach, to the pylorus, and in breadth nearly one third of the circumference of the organ. About three inches from the pyloric orifice, and somewhat anteriorly, at the bottom of an excavated ulcer, was a perforation of the stomach, of five lines in extent, where the fluid found in the abdominal cavity had made its escape. The ileum, for some thirty inches, was contracted and filled with fecal matter. The cæcum was also filled with fecal matter, among which were imbedded several large plum stones, said to have been of the green gage variety, and swallowed several days previous to his attack. The mucous membrane of the intestines was in a healthy condition. The liver was somewhat engorged, and the gall-bladder contained about two ounces of dark-colored bile. All the other abdominal organs were healthy, so far as observed. A. WATERHOUSE, M.D.

Exeter, Me., Nov. 4th, 1854.

OBSERVATIONS ON EPILEPSY.

[Continued from page 260.]

IT has already been shown that *bleeding* for epilepsy, and all other *nervous* diseases, is injurious. It has also been stated that *cathartics* (except in some few particular cases) are deleterious. For the instruction, if not for the amusement, of the reader of these "observations," I will now transcribe a few, out of a handful of *recipes*, which one patient brought me to show *what* he had taken. It may be added, these "recipes" were written by a medical gentleman of eminence, and who was for many years at the head of one of the hospitals of this Commonwealth; but the patient was never conscious of receiving the least benefit

or the slightest amelioration of the disease, from the use of any of them. The first one, it will be seen, contains the *nitrate of silver;* a medicine very often prescribed, in this disease, and recommended in "the books," but which I have never known to be of the least service; and it often gives the skin a peculiar *hue*, neither that of the Indian nor Negro, but more uncomely than the former, and as indelible as the stain of the "Ethiopian," or the "mark of Cain." This gentleman had this mark fully set upon him. Here are the "recipes."—R. Nit. argent., ʒ ss.; ext. stramonii, ℈j.; nux vomica, ʒ ss. Make into 50 pills with crum of bread. Dose, one every night and morning.——R. Strychnia, grs. xij. Vinegar, ʒ ij. M. Dose, ten drops three times a-day, in sugar and water.——R. Wild cherry and prickly-ash bark, āā ʒ viij. Put it into a gallon of soft water; boil till two thirds are evaporated; add two pounds of brown sugar. Dose, a wineglassful before each meal. ——R. Chloric ether, ʒ ij.; spts. camphora, ʒ ij.; spts. nit. dulc., ʒ ij.; M. Dose, a teaspoonful three times a-day in water.——R. Oxide of silver, ʒj.; ext. conium, ʒij.; colocynth, ʒj. M. Ft. pil. no. 60. Dose, one ter diem. If the *silver* must be employed, for fashion's sake, this preparation is much preferable to the *nitrate*, as it is not so apt to *tinge* the skin.——R. Tinct. nux vomica, ʒ iv.; tinct. stramonii, ʒ jss.; chloric ether, ʒ ijss. M. Dose, a teaspoonful three times a-day.—— R. Fowler's solution, ʒ ss.; chloric ether, ʒ ij. M. Dose, fifty drops at bed time, in water. This, so far as the *tonic* property is concerned, might do very well; but some recent examinations abroad, into the *ultimate* results of the long-continued use of arsenic, have shown that it is not a very *safe* remedy.——R. Ext. nux vomica, ℈ij.; ext. stram., ℈ss.; oxide silver, ʒj.; crum of bread, q. s. Pil. no. 60. Dose, one ter diem.——R. Tr. nux vomica, ʒ iij.; spts. laven. comp., ʒij. M. Dose, twenty-five drops three times a-day in sugar and water. Increase to thirty drops.

These were *bona fide* recipes, brought by a patient, with others, as mentioned above; but it is presumed this sample is sufficient for the convenience of any, who, when they know not *what* to do, may be disposed to do, they know not *what;* because it is a maxim that every doctor *must do something.*

I have kept a record of all the cases of epilepsy which I have treated, and have carefully noted the cause of the disease (so far as it could be ascertained), with the treatment and its result both before and after the patient came to me. By this careful examination of each case, I have endeavored to arrive at some conclusions which might be of service in others.

There is one curious circumstance connected with the treatment of epilepsy. It is the effect of the *mind* on the disease. This effect is often so great as not to be mistaken or denied. If the patient *believes* that he is to be put upon a course of treatment, under which he will recover, his fits will diminish in number. I have witnessed this in many cases; and I believe whatever the remedies prescribed may be, provided they are not absolutely injurious, if the patient thinks he shall be cured, his number of fits will diminish. I have seen this in so many cases,

where ultimate recovery did not take place, that I cannot doubt the fact. Under a new remedy, or a new doctor, especially if he have a reputation for having cured the disease, the patient will improve. It is upon this principle that the *Romish priests* cure epilepsy. An Irish girl, once living in my family, said of an epileptic, "why don't he go to the priest?" Upon being asked if the priest could cure such persons, she answered, "O law, yes, they always cure them." It was the same principle which once gave such a reputation to the *mistletoe* for curing this disease, and to charms and spells, and to taking *powdered skulls*, and to an hundred other enchantments. The sick always love and seek *mystery*. All this shows how much the body is affected by the mind. Make one half the epileptics believe that they *cannot* have fits, how much soever they may try, and it will operate powerfully against their having them. Hence the philosophy of mind, as well as body, needs to be studied by the physician.

In all those cases where the fits continue (and they are numerous), after the original cause has been removed, or ceased to act, this powerful effect upon the mind is all that will be necessary to stop them. In cases where the following symptoms prevail, I look upon the patient as incurable: when he is sad, dumpish, silent; in a word, when he has lost all energy and courage. I have never known a patient of this description recover. The better the spirits, the greater is the hope of recovery. There is one peculiarity found in almost all epileptic patients, to which I will refer in this place. It is an unusual prominence or fulness and roundness of the eyes. They appear very round and project from their sockets, like the eyes of a rabbit. I have supposed this not to be original in these cases, but caused by the repeated attacks, and, probably, augmented by each new accession of the convulsion, when the brain, of course, becomes congested.

I have generally found those cases the most difficult to remedy in which the *attacks are uniformly in the night*. Such has been the fact; but the philosophy of it, I leave to abler hands. Those cases, too, in which there are frequent *spasms* between the convulsions, are more difficult of cure than those in which the fits occur regularly at certain periods without the spasms.

In attempting to benefit an epileptic, several indications are to be fulfilled.

In the first place, an absolute control must be maintained over the *diet*. I have no doubt that the case related by Dr. Alcott, in the fifty-first volume, page 39, of the Boston Medical and Surgical Journal, was effected as there stated; and the reason that more cures are not performed in the same manner is, that neither physicians, patients, nor their friends, will pursue that course, as it respects *diet*, which it is absolutely necessary to pursue. I lay it down, then, as an absolute law, as fixed as "the laws of the Medes and Persians," or as any part of Napoleon's dynasty, that the patient must comply with the prescription of the physician, as it respects *diet*.

From what has been said of the nature of this disease—that its original cause is in the blood—it will be readily seen that it is of the utmost

importance *what* and *how much* food is taken; for all physicians know that the whole constitution—the whole mass of the fluids and solids of the body—may be changed by diet. This is the first rule, then—Mind the *diet*.

2d. The second is, *govern the mind*. Unless this is done, but little benefit can be expected from medical treatment. The disease is often induced, at first, by the mind. I mean, this is the *exciting* cause. If the patient will get excited, will not govern the mind, control the passions, and be quiet, let him go. You cannot cure him or her; and here, again, is the cause of failure in many cases.

3d. The *third* is, never let the patient rust out for want of some useful occupation, and never allow him to become greatly *fatigued in body*. If he does, he will certainly have a fit, all medicines to the contrary notwithstanding.

4th. The *fourth* rule is, *make* him abandon every *exciting* cause of the disease, such as spirit, tobacco, excess in sexual pleasure, &c.

5th. The *fifth* and last one is, give such medicines as are indicated by the nature of the disease and the state of the patient.

From what has been said of the *nature* of this disease, as the *original* cause, and from the various *exciting* causes, it will be readily perceived that the medical treatment must be *tonic*, *alterative*, and *quieting to the nervous system*. Now, every physician knows, or ought to know, *what* these medicines are, and *how* to use them.

Here is my mode of treating epilepsy. I have never made any secret of it, but have always consulted freely and openly, and without any reserve, with every physician who has brought me a patient, or asked for a consultation. I have never *promised a cure in any case*. I have generally seen and examined my patients, but not always. An interview is always desirable, though I have prescribed for a patient afflicted with epilepsy, and with success, without seeing him.

ON EARLY LIVE BIRTH, WITH CASE.

Dr. Keiller exhibited to the Edinburgh Obstetrical Society, a premature fœtus which was born alive in the fourth month, and made some remarks on the *medico-legal* relations and importance of such a case. The following are the particulars of the case as noted at the time of its occurrence:—

On the 17th June Dr. Keiller was called to Mrs. R., who was about to abort. She had miscarried about a year previously (20th July), when seven months pregnant, and now considered herself only in the fourth month, having last menstruated on the 8th February, and quickened about a week ago (8th June). The pains were evidently expulsive, and on examination the distended membranes were felt protruding into the vagina. Dr. K. shortly afterwards ruptured them, when the liquor amnii was forcibly and fully expelled, a foot immediately presenting itself by which the extraction of the fœtus was speedily accomplished. The heart and vessels of the cord were beating vigorously, which induced Dr.

K. to allow the fœtal circulation through the still attached placenta to continue for some time in order to observe the reflex movements of the limbs, face and respiratory muscles which thereafter took place. At first these muscular reflex contractions were very marked. On touching the feet and hands, the limbs were immediately drawn up and moved about. On blowing on the face the lower part of it was tremulously moved, and the mouth at each time opened; and three or four times an attempt to respire or gasp, accompanied by an apparently respiratory movement of the chest or thoracic convulsion, took place. The pulsations of the carotid arteries were also at first very distinctly observed. The umbilical pulsations gradually diminished in force and frequency, and when reduced to about 90 beats in the minute Dr. K. cut the cord and allowed about a drachm of blood to ooze from its fœtal extremity. The heart's action immediately became quicker, and one or two thoracic convulsions afterwards followed. The mouth gaped repeatedly on blowing air on the features, the limbs gradually lost their reflex actions, and the heart's action, as seen against the thin walls of the chest, became more and more feeble; subsequently a few seconds elapsed between every observed pulsation, but more or less distinct movements occurred for nearly an hour from the time the fœtus was first expelled. On being weighed the fœtus was found to be exactly 9½ oz., in length it measured 8 inches, the placenta with attached cord weighing about 6 oz. The eyelids were adherent, the nose and ears closed, the mouth, however, being open; the membrana pupillaris was entire; on opening the chest the situation and appearance of the lungs and other organs were characteristic of its apparent age. The lungs in color and volume resembled those of an early fœtus, and with the exception of one or two ecchymosed spots no color or other evidence of developed air-cells were noticed, all the appearances indicating that no air whatever had ever reached the tissue of the lungs. The brain was afterwards minutely examined, and also found to be characteristic of the apparent age, as were also the other fœtal organs.

Dr. Keiller referred to the importance of such cases of early live birth, in regard to civil jurisprudence, but more especially to the questions, *Possessio Frutris, Tenancy by Courtesy, &c.*, to which the case he had now reported was in several respects related. It was frequently a matter of considerable importance to determine even the momentary existence of children at birth, and therefore the subject of *live birth*, and the evidence by which its occurrence is held to be substantiated, occasionally become of extreme consequence in a legal point of view, more especially in cases of contested lawsuits relative to the inheritance of, or succession to, property. Dr. Keiller directed the attention of the Society to the decisions that had from time to time been given respecting *what constituted live birth*, and referred to the more recent cases in civil jurisprudence in which the question of live birth was held to be established without any evidence of what was formerly demanded, *respiration or crying*. The mere muscular movements of the limbs, or the features, independent of any signs of respiration (as alone happened in the preceding case) having been ruled as sufficient evidence of a child being

born alive, is therefore now held to be ample enough *proof* of what is termed in such investigations "live birth."—*Edinburgh Monthly Journal of Medical Science.*

FOREIGN BODY IN THE ŒSOPHAGUS—OPERATION—RECOVERY.

BY P. D. ANTHONIESZ.

SINGHO NAIDE, a native of Colombo, aged 40, a fisherman by occupation, was taken into the Pettah Hospital on the evening of the 12th of August, 1853, a fish, which he held between his teeth while baiting a hook, having slipped back into, and remained impacted in, the œsophagus. On examining the neck, it appeared swollen, with a feeling as if there were fluid in the cellular tissue about the muscles of the neck. In the fauces the tail of the fish was felt, and could be seen distinctly on depressing the tongue. The tail was inclined towards the left side of the throat, showing the direction the fish had taken in its course down the œsophagus. Careful examination externally failed in discovering the situation of the fish, and it was found impracticable to withdraw it from the throat for reasons which will appear obvious when the fish is described. An incision was made between the anterior edge of the sterno-mastoid muscle and the trachea, commencing at the lower edge of the os hyoides, and extending down to the sternum. After a most diligent search, both by myself and my friends, nothing was discovered to indicate the spot where the gullet should be divided. The next step of the operation was conducted with great care. The passing of a male catheter was entrusted to Dr. Elliott, who, with no little difficulty, introduced it into the gullet, directed by his fingers, and turned the convex side of it towards the wound. This enabled the part to be seized with a pair of forceps, and a small opening to be made into the œsophagus. The finger introduced into this opening gave the feeling of something cartilaginous being lodged, which was soon found to be the edge of the fish. A polypus forceps was introduced, and attempts were made to extract it, but to no purpose, as the head of the fish was too smooth to be grasped by a polished instrument. A little manœuvre with the index finger, however, soon dislodged the fish, which made its exit through the wound, head foremost. The fish was four inches and a half long from head to tail, and one inch and a half broad. It is named by Mr. Gray, in his "Illustrations of Indian Zoology," "Anabas Spinosus," and has long and sharp fins, both on the back and near the gills. About a week after the operation, a little nourishment was given through the mouth, but as some of it flowed out through the wound, it was deemed prudent not to repeat the attempt, but to continue nutriment through the rectum. In three or four days more the man was able to take nourishment by the mouth, from which time he began to gain flesh and strength. The wound healed gradually, and he was discharged quite cured on the 23d of September, with merely a line of cicatrix on the side of the neck. The performance of the operation occupied more than an hour, and by lamplight.—*From Ceylon Miscellany, in London Lancet.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 15, 1854.

Official Visit to Lunatic Asylums.—It was our privilege, in connection with the Board of Visiters of the Boston Lunatic Hospital, and a special committee from the City Council, to visit several of the Insane Asylums between here and Washington, during the last month. The visit was made for the purpose of becoming acquainted with their construction, and the method adopted in them for the management of the insane. It was attended with profit and pleasure to us, inasmuch as we had an opportunity of examining and comparing some seven or eight of the largest institutions in the country, wherein were confined, in the aggregate, upwards of two thousand patients, and all of them under treatment.

In the asylum at Blackwell's Island, New York, which is under the management of Dr. Ranney, we saw 535 patients. This is a very good Hospital, constructed of rough granite, and appears to be built in a most thorough and substantial manner. The galleries and dormitories are well arranged for the convenience and comfort of the patients. Dining rooms are connected with each gallery, which was noticed as a great convenience and improvement over the old method. The Hospital is well lighted and ventilated, and warmed by steam throughout. It is also supplied with an abundance of hot and cold water. It is a pauper establishment, and therefore without the elegance and the superior accommodations which were subsequently noticed in other institutions; but the comfort of the poor inmates, and the appliances for the restoration of their health and reason, appeared to be well cared for. Dr. Ranney extended to us every courtesy in his power, and the committee feel under many obligations to him for the facilities afforded them while visiting this and the other institutions situated upon the island.

The next institution visited, was the "*Friends Asylum for the Insane*," at Frankford, situated 7½ miles from the city of Philadelphia, and under the management of Dr. Joshua Worthington. It is a private Hospital, and, as its name imports, is under the immediate care and control of the society of "Friends or Quakers." It is a very neat, and comparatively commodious building, well lighted and ventilated. It has 67 acres of pleasure grounds, besides a large farm connected with it, and at the time of our visit contained 67 patients. Dr. Worthington seems to be well calculated for the position which he occupies, and, as a general thing, his patients manifested much respect for him.

"*The Pennsylvania Hospital for the Insane*," located in West Philadelphia, about four miles from the city, may be justly called the model Hospital of this country, if not of the whole world. It is under the superintendence of Dr. Kirkbride, who devotes his whole time and energy to the benefit of his patients. His Hospital has more the appearance of a fashionable hotel or boarding house, than a place of detention for lunatics. There are museums, and reading rooms for both sexes, and libraries in every ward for the use of the patients. Paintings, statuary and rich engravings adorn the walls and niches, and most appropriate mottoes are placed conspicuously, that they may attract the eyes of the patients. A lecture room is fitted up with all the paraphernalia necessary to make the evening entertainments

instructive and interesting. Dr. Lee, the able assistant, has the charge of this department, and he kindly entertained us by an exhibition of dissolving views, &c. Everything that can serve to amuse the patients, is, in this Hospital, brought into requisition. It is freely ventilated and lighted, and has an apparatus for heating and cooking of the most approved construction. The pleasure grounds and walks are laid out with much taste and care, and the patients are either permitted to have free access to them, or are provided with unobstructed views from small enclosures erected for that purpose in the open air. A seeming absence of all restraint was particularly noticed, the patients passing in and out of their dormitories and galleries, and into the gardens, &c., at their pleasure. But one excited patient was observed, who required the door to be closed upon her, and the doctor had some kind words to say to her, which appeased her at once. He certainly possesses all the necessary qualifications for successfully treating the insane. The mildness and kindly feelings exhibited towards his patients, seem to have won from them their confidence, and we verily believe they would sacrifice themselves at any time to save his life, were it in danger from the sudden attack of some homicidal inmate. Dr. Kirkbride afforded the committee every facility for prosecuting their investigations, and for the many kind acts of courtesy and civility extended them, they feel under lasting obligations.

"*Blockley Almshouse*," also located in West Philadelphia, about two miles from the city, has connected with it a large Hospital for the poor insane, under the charge of Dr. Campbell. There are 187 acres of land attached to this institution, 10 of which are occupied by the buildings, they forming a hollow square. This is the largest pauper establishment which we visited, and is said to be the largest in the world. It contains 2300 inmates, about 450 of whom are insane. Modern improvements in the method of warming and ventilating it, are now being made, and when completed it will compare favorably with any similar establishment for comfort and convenience.

"*Mount Hope Asylum for the Insane*," is situated two miles from the city of Baltimore. It is a private institution, owned by the Sisters of Charity, who have the general management of its affairs. There are 20 acres of land connected with it, for walks and pleasure grounds, and it contains 145 patients. Dr. Wm. A. Stokes is at the head of the medical staff, and he seems to be eminently qualified for his position. At his visits, one of the sisters goes the rounds with him, carrying a book, and a record is made of the condition and wants of the several patients, after which she makes up the prescriptions if any are necessary, and attends to their ministration. It was extremely gratifying to witness the good order and quietness of this Hospital, and the remarkable control which those devoted ladies had over its unfortunate inmates. Such examples of self-denial and devotedness in a humane cause, which were clearly manifested in every act of these ladies, are rarely witnessed, and furnish the strongest evidence of christian benevolence and goodness of heart.

Attached to the "*Baltimore City and County Almshouse*," is another Hospital, for the insane poor. At this institution, we saw more real misery and suffering, from the want of proper accommodations, than at all the others put together. It has wretched accommodations for the male patients. We saw some of them confined by chains to the floors of damp and gloomy cells. Notwithstanding there are 300 acres of land connected with this institution, less than a fourth of an acre was allowed to be used for a pleasure ground by most of the patients. Many of them are apparently beyond the hope of

recovery, and certainly exhibited a very painful spectacle. The responsibility of this bad state of things, we are happy to know, does not fall upon the trustees of the poor, nor upon Drs. Donaldson and White, the very able attending physicians of the institution; but it comes directly apon the citizens of the county and city of Baltimore. It appears there is a joint ownership of the buildings by the city and county, which has been dissolved by the legislature of Maryland, and is to take effect in about four years; consequently neither party will undertake to make any improvement for the amelioration of the condition of (as the trustees justly say) the poor creatures, who complain not of their sufferings in the eloquence of speech, but whose muteness and stolidity appeal stronger than tongue can appeal to every sentiment of the heart that dignifies the human race. This institution is situated about 3 miles from the city, and has 600 inmates, 126 of whom were insane. The committee were very courteously received and treated by the trustees and medical staff of this institution, for which they feel under many obligations.

"*The Maryland Hospital for the Insane*" is situated about 1½ mile from the central part of the city of Baltimore. It has 10 acres of land connected with it, and accommodations for about 100 patients; but at the time of our visit, there were 120 patients under treatment. Dr. Fonerden is the superintendent and resident Physician; and the institution under his charge will compare favorably in point of neatness, good order and general management, with Dr. Kirkbride's of Philadelphia.

"*The National Hospital for the Insane*" is located in the city of Washington, D. C., about four miles from the Capitol, and is yet in an unfinished condition. When completed, it will be one of the finest and most commodious structures ever erected for such a purpose. Its extreme length will be 725 feet, varying from two to four stories in height. One portion of it is nearly completed, and will be ready for occupancy sometime in January next. The dormitories for the most excited class of patients, are arranged on one side only of the corridors, thereby preventing, to a great degree, the disturbance which usually follows when they are placed opposite each other, as in many of the modern Hospitals. The private rooms, corridors, halls and dormitories, are finished very neatly, and in the most substantial manner; and what strikes the visiter peculiarly and favorably, is, that these several apartments have a different style of finish, and also with different kinds of wood, such as white oak, ash, black walnut, Norway pine, &c. The stories are high studded, and the several rooms well lighted and ventilated, and are to be warmed by a hot water apparatus of the most approved construction. It seems to have been the study of the designers of this Hospital, to make every thing connected with it secure, and yet to avoid all appearances of a prison house or place of detention. It is located on a most lovely spot, commanding a very fine and unobstructed view of the city, and the two great rivers which run by it. The grounds connected with it, for pleasure and gardening purposes, contain 190 acres. This Hospital, when completed, will have ample accommodations for 250 patients, and will cost $250,000. It is built by the National Government, and from its commencement, up to the present time, has been under the immediate supervision of Dr. C. H. Nichols, its very able and accomplished superintendent. We are under great obligations to Dr. N. for his endeavor to make our visit pleasant and agreeable while in Washington, and it will afford us much pleasure to reciprocate his attentions whenever an opportunity may present.

In concluding our notice of these asylums, we take occasion to say, that

our visit to them not only afforded us much instruction, but we were pleased to find that so many poor creatures, bereft of their reason, are treated on humane and rational principles.

Child-bed Fevers.—"On the Nature, Signs and Treatment of Child-bed Fevers, a series of letters addressed to the students of his class, by Chas. D. Meigs, M.D., Professor of Midwifery and the Diseases of Women and Children, Jefferson Medical College." This is the title of a new work on an important subject. Without knowing precisely the extent of the author's popularity, or his real standing as authority, we rank ourselves, without any qualifications or mental reservations, among his admirers. In the first place, personal industry is next in value to the cardinal virtues, in our humble estimation, and Dr. Meigs is most emphatically an industrious man; in the second place, no man could keep up such a succession of practical instruction as Dr. Meigs has presented to the medical public, without being well grounded in the science of his profession, and strengthened by a vast accumulation of important facts. These considerations doubtless address themselves to other minds. But whether other people think as well of the manner in which he communicates his knowledge, as ourselves, is of no consequence. Those who find fault have an open field for doing better than Dr. M. has done, if they possess the ability. Messrs. Blanchard & Lea, the publishers of the work, have executed its typography in their customary style of neatness, and the lovers and patrons of good books, in a clear print, cannot be unmindful of the publishers' deserts in this particular instance. Were the preface shorter, instead of being in the form of a long letter to Dr. La Roche, it would be an inducement to re-publish it, because it embraces some fine points; but in passing over that generally unreadable part of a volume, it is proper to observe that the work is a large-sized octavo, containing 362 pages, subdivided into twenty-nine letters. The only real complaint we have to make is against the epistolary form. At first there is a freshness in reading a letter. Old letters, however, like old almanacs, become at length superseded. On the contrary, chapters address the intelligence of readers at all times. This, after all, may be regarded as small criticism, and so it is; but much more might be urged against the adoption of this kind of style. As the class is a body of personal friends, it is very proper to approach it familiarly. When it is no longer in existence as a class, letters addressed to it lose a part of their interest—for what cares the world for a bundle of letters designed for persons whom nobody knows? However, there is an immense treasure of thought embraced in the series. Dr. Meigs plainly states his propositions, and illustrates them clearly. The cheerful tone and animated spirit, closely interwoven in the text, add exceedingly to the value of the practical information imparted. To do Dr. M. any proper degree of justice, each letter should be singly analyzed. This is a labor which properly belongs to the quarterlies, as in these pages we have room for little more than general reflections.

Lectures on the Blood.—This is a useful publication, from the publishing house of Messrs. Lippincott, Grambo & Co., Philadelphia. The title runs thus—"Notes on M. Bernard's Lectures on the Blood, with an Appendix, by Walter A. Atlee, M.D." It is an unpretending twelvemo, with a modest title-page; but an examination shows that great things are not always the

best. We learn from the preface that Dr. Atlee, when in France, attended, among other courses, those given by M. Bernard on the blood. From his notes, the pleasant volume to which these observations refer, is made up. Nothing marvellously original is discoverable in it. Still, as a whole, it is a useful statement of the appearance, character and physiology of the blood, as understood in our day. For students, it is better than the heavier and more elaborate productions. Copies may be had at Ticknor & Co.'s, Washington street, Boston.

Meeting of District Medical Societies. Messrs. Editors,—I have just been reading, in the Journal of to-day, an account of the meeting of the East Middlesex District Medical Society. There are some suggestions in that account which seem to me to demand more than a passing notice, and worthy of being put more generally into practice by all our District Societies. I mean the more frequent meeting of the members of the profession —not so much to attend to matters of business, as to become better acquainted with each other, and to have a social feast together. Such a meeting was enjoyed by the members of the Norfolk District Medical Society, at the house of Dr. Cotting, in Roxbury, some few weeks since. There need not be such a magnificent display of the "good things of life" as we had at Dr. C.'s; but we can have the "reason and the flow of soul" with plainer fare. What I would like to have and see carried out by the profession, is a monthly meeting where all formal restraint shall be laid aside, and the meeting devoted, in the first place, to becoming acquainted with each other; and secondly, to a free discussion of each other's cases, with reports of such as are of interest. But, after all, I would have such meetings made as social as possible; and you well know, Messrs. Editors, that there are no more social beings in "God's world" than physicians, if they *please* to be so. In my humble opinion, meetings of this character would tend greatly to do away with much which now renders the physician's life so unpleasant and trying. There would be a better feeling and a more happy understanding among neighboring physicians than there now is—more confidence in each other. If the profession would only be united among themselves—be as gentlemanly to their brother physicians as they are to their wealthy patients—one great source of professional anxiety and trouble would be removed. I do not know much about how my brother doctors get along—though I think I am pretty generally acquainted with "matters and things" pertaining to a country practice; but I find it very much of a constant warfare of self-interest—or, if it suits any better, self-defence; and this probably I shall be obliged to continue until our social meetings are more frequent, and there is a better understanding among the brethren.

King Oak Hill, Nov. 10th, 1854. N. Q. T.

Dr. Powell on the Duration of Human Life.—A remarkable paper will be found in the Journal to-day, from the pen of Dr. Powell, of Kentucky. We have no means at present of verifying or disproving the truth of the author's rule, which is so confidently claimed to have no exceptions; nor do we know anything of Dr. P.'s standing or qualifications aside from what is revealed in the paper itself. It will doubtless attract due attention, as its theory may be easily demonstrated if true.

Solidified Milk—An Article of Commerce.—In the American Medical Monthly for October, is an account of the mode of preparing milk in a solid

form. Some eighty miles from New York, up the Hudson river, is a large establishment where this article is manufactured. To 112 pounds of fresh milk, 28 pounds of white sugar is added, and a small portion of the bicarbonate of soda, and this generally reduced by a water-bath heated with steam to powder in evaporating pans of enamelled iron. A press now makes the powder assume the shape of a small block or tablet, which covered with tin foil, is offered to the public for sale. It is pronounced to be a most excellent substitute for milk, and it will readily occur to every one how useful must be this preparation under many circumstances.—*Nashville Journal of Medicine and Surgery.*

Homœopathy in Trouble.—We read in the Gazette des Hopitaux, for September 30th, that the public authorities of Marseilles, France, have visited the homœopathic drug stores, seized their preparations, and closed "the shops." They state as a reason for so doing, that the substances thus sold were not prepared according to the French pharmacopœia, and in the large majority, careful chemical analysis was unable to detect the slightest quantity of the active principle pretended to be contained.—*New Orleans Medical News.*

Medical Miscellany.—An anomalous malady has appeared at Georgetown, D. C., which bears some resemblance to cholera, but still differs from it, say the papers.—Dr. James Holmes is Mayor of Darien, Georgia.—Dr. Otis Hoyt, formerly of Natick, Mass., is a candidate for Congress from Wisconsin.—Dr. Frey, a German medical pretender, is under arrest in New Jersey, for practising by charms, instead of using real pills and powders.—At Messina, an old city on the easterly side of the Island of Sicily, the cholera is awfully fatal.—Sickness at the South, according to recent official bulletins, has nearly subsided.—A clergyman, who is now in his one hundredth year, preached in one of the churches in Bangor, Me., recently.

To Correspondents.—The following papers have been received:—A continuation of Dr. Park's Translation of M. Valleix, Dr. Coxe on the Treatment of Cholera, and Dr. Rutherford on Water as a Therapeutic Agent.

Pamphlets Received.—Proceedings of the American Pharmaceutical Association at the third annual meeting held in Cincinnati, July 25 and 26, 1854.—Resume de Recherches Cliniques sur la fievre continue, la dyssenterie, la pleuresie chronique, et sur les variations du ton dans les sons fournis par la percussion et par l'auscultation. Par Austin Flint, M.D., &c. Paris, 1854.—Prize Essay on the fundamental and distinctive principles of the Eclectic Practice of Medicine, by L. C. Dolley, M.D. This pamphlet comes to us, with "Please to notice" written on the cover, which we will do at an early day.—A monograph on the Pathology and the Rational Treatment of infantile laryngo-tracheitis, or croup. By E. R. Peaslee, A.M., M.D., Professor of Anatomy in Dartmouth College.—Congestion of the Brain in Cholera. By James M. Newman, M.D., Health Physician, Buffalo, N. Y.

Married,—At Danvers, Mass., Dr. S. A. Lord to Miss S. E. Daniels.

Died,—At Rochester, Mass., Dr. D. Huntington, 79.—At West Topsham, Mass., Dr. E. M. Bell, aged 79.

Deaths in Boston for the week ending Saturday noon, Nov. 11th, 63. Males, 36—females, 27. Accident, 1—inflammation of the brain, 1—congestion of the brain, 1—consumption, 16—convulsions, 1—cholera infantum, 3—dysentery, 3—dropsy, 3—dropsy in the head, 3—debility, 2—infantile diseases, 5—puerperal, 1—erysipelas, 1—typhus fever, 2—typhoid fever, 4—scarlet fever, 4—hemorrhage, 1—hooping cough, 1—disease of the heart, 1—intemperance, 1—inflammation of the lungs, 1—smallpox, 2—teething, 3—worms, 1—unknown, 1.

Under 5 years, 23—between 5 and 20 years, 3—between 20 and 40 years, 25—between 40 and 60 years, 9—above 60 years, 3. Born in the United States, 38—Ireland, 16—England, 1—British Provinces, 3—Germany, 4—unknown, 1.

Testimonials of Gratitude from the Citizens of Savannah to her Medical Men, for their Services during the Epidemic of this Year.—A very large meeting of the citizens of Savannah was held at the Exchange in that city, on the 14th of October, the Mayor, John E. Ward, Esq., presiding.

Drs. Redwood and Hamilton, of Mobile, and Dr. Cross, of New Orleans, were, by resolution, invited to be present, and on their appearance the Mayor, in a most eloquent address, expressed to them the deep gratitude of the citizens of Savannah for the noble and heroic service rendered by them, during the late epidemic, and presented to each of them, in the name of the city, a service of plate, as some small token of the kind feeling of the people of the city towards them.

On motion of Dr. Screven, the following resolutions were unanimously adopted:—

Resolved, That the warmest acknowledgments of thankfulness are due, and are hereby tendered by the citizens of Savannah, in town meeting assembled, to the resident physicians of this city, who, undismayed by the peril of their valuable lives, have faithfully discharged their arduous and dangerous duties; to those transient physicians, who, with self-sacrificing devotion, volunteered and gave their services to the sick, and to all corporate bodies, charitable associations, and other associations, and individuals who have manifested their sympathy in our afflictions by contributing in any manner to the relief of the sufferers by the epidemic with which this city has been visited.

Resolved, That the thanks of every citizen are due to the clergy of our city, who have, without an exception, been true to their holy calling, ministering at all times to the wants of the sick, and comforting the afflicted.

Resolved, That the citizens of Savannah will erect a suitable monument commemorative of those gallant and ever to be lamented physicians who have fallen in our midst in the faithful discharge of their perilous duties.

On motion, it was resolved that a committee be appointed by the chairman, consisting of such number as he may deem advisable, to carry into effect the last resolution.—*The Medical News and Library.*

Blasius on the Use of Birch-Oil in Eczema.—For upwards of fifteen years Blasius has been in the habit of using *Oleum Rusci*, the empyreumatic oil of the common birch (*Betula Alba*), with great success for the treatment of eczema. The affected parts are well smeared with the oil every day, and then enveloped in linen cloths; after this has been done for a few days they are well cleansed with soap and water, and then the application of the oil is recommenced. This treatment is continued until not only the formation of vesicles and secretion of fluid are arrested, but until the skin resumes its normal whiteness, smoothness, and softness. Blasius does not recommend the application of the oil so long as the eczema continues to be *acute*, and attended with inflammation; and when, in *chronic* cases, it occasions pain, burning, and itch, attended by swelling and redness of the parts, he discontinues its use for a few days, until these troublesome symptoms have quite subsided. This oil is called "Dagged" in Russia and Poland.—*Deutsche Klinik, No.* 29. 1853.

Subnitrate of Bismuth in Gonorrhœa.—Dr. Caby recommends, both in acute and chronic gonorrhœa, an injection, three times daily, of water mixed with as much trisnitrate of bismuth as can be suspended. It is to be retained five minutes. It causes no pain.